

STATE OF CALIFORNIA

TRAVEL EXPENSE CLAIM

See Instructions and *Privacy

ELECTRONIC STD. 202 (REV. 04/95)

Statement On Reverse Side

Page 1 of 1 Pages

CLAIMANT'S NAME

Matthew R. Bettenhausen

SSAN OR EMPLOYEE NUMBER*

DEPARTMENT

California Emergency Management Agency

POSITION

Secretary

CB/ID NUMBER

E99

DIVISION OR BUREAU

Executive

INDEX NUMBER

RESIDENCE*

HEADQUARTERS ADDRESS
3650 Schriever Ave.

TELEPHONE NUMBER
916-324-8908

CITY	STATE	ZIP CODE
Sacramento	CA	95833

CITY	STATE	ZIP CODE
Mather	CA	95655

(1) MONTH/YEAR Sept. 09-Feb. 10		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS		O.T., L.T, N/C, RELO, OR DINNER	(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSE FOR DAY	
(2) DATE TIME				BREAK- FAST	LUNCH			(A) COST OF TRANS.	(B) TYPE USED	(C) CAREFARE TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES			AMOUNT
21-Sep	16:00	Sacramento to Corning	\$ 92.40			\$ 18.00							\$ 110.40	
22-Sep	20:00	Corning to Sacramento		\$ 6.00		\$ 18.00	\$ 6.00						\$ 30.00	
11-Feb		Los Angeles										\$ 14.29	\$ 14.29	
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10 MAY 11 AM 9:51

CLAIM TOTAL

\$ 154.69

11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attached receipts/voucher when required)

3/22: Attend Tribal Emergency Management and Homeland Security Summit.

2/11: Business Center charge for printing of work related documents.

(12) NORMAL WORK HOURS

9:00 - 6:00

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED	
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48.5¢/Mile

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER.

15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California.

and that I have met the requirements as prescribed by SAM Section 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE _____

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE _____

DATE 5/6/10

17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL AGENT: _____ 3 (See item 17 on reverse)

DATE	
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